PLUM CITY CARE CENTER 301 CHERRY ST

PLUM CITY 54761	Phone:(715) 647-2401		Ownership:	Corporation
Operated from 1/1 To 12	/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction wi	th Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and	Staffed (12/31/04):	50	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capaci	ty (12/31/04):	50	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12	/31/04:	41	Average Daily Census:	45

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/04)					
Home Health Care No		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	19.5	
Supp. Home Care-Personal Care No						1 - 4 Years	56.1	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.3	More Than 4 Years	24.4	
Day Services No		Mental Illness (Org./Psy) 51.2 65 - 74 4.9						
Respite Care Yes		Mental Illness (Other) 7.3 75 - 84 24.4			100.0			
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	43.9	*********		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	19.5	Full-Time Equivalent		
Congregate Meals Yes		Cancer	0.0			Nursing Staff per 100 Resident		
Home Delivered Meals Yes		Fractures	0.0		100.0	(12/31/04)		
Other Meals	Yes	Cardiovascular	2.4	65 & Over	92.7			
Transportation	No	Cerebrovascular	14.6			RNs	11.6	
Referral Service	Yes	Diabetes	0.0	Gender	%	LPNs	12.0	
Other Services	Yes	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for	ĺ	Other Medical Conditions	24.4	Male	31.7	Aides, & Orderlies	42.2	
Mentally Ill	No			Female	68.3			
Provide Day Programming for	j		100.0					
Developmentally Disabled	No				100.0			

Method of Reimbursement

	Medicare Medicaid (Title 18) (Title 19)			Other				Private Pay			Family Care			Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	ે ે	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	27	96.4	113	0	0.0	0	10	76.9	136	0	0.0	0	0	0.0	0	37	90.2
Intermediate				1	3.6	93	0	0.0	0	3	23.1	128	0	0.0	0	0	0.0	0	4	9.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		28	100.0		0	0.0		13	100.0		0	0.0		0	0.0		41	100.0

PLUM CITY CARE CENTER

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	14.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	8.8	Bathing	0.0		73.2	26.8	41
Other Nursing Homes	5.9	Dressing	12.2		85.4	2.4	41
Acute Care Hospitals	70.6	Transferring	29.3		58.5	12.2	41
Psych. HospMR/DD Facilities	0.0	Toilet Use	26.8		51.2	22.0	41
Rehabilitation Hospitals	0.0	Eating	61.0		29.3	9.8	41
Other Locations	0.0	*******	******	******	*****	******	******
otal Number of Admissions	34	Continence		%	Special Treatmen	ts	%
ercent Discharges To:		Indwelling Or Extern	al Catheter	2.4	Receiving Resp	iratory Care	9.8
Private Home/No Home Health	27.5	Occ/Freq. Incontiner	it of Bladder	65.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	17.5	Occ/Freq. Incontiner	it of Bowel	31.7	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0	į			Receiving Osto	my Care	0.0
Acute Care Hospitals	20.0	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	0.0	Receiving Mech	anically Altered Diets	36.6
Rehabilitation Hospitals	0.0	į -				-	
Other Locations	2.5	Skin Care			Other Resident C	haracteristics	
Deaths	32.5	With Pressure Sores		0.0	Have Advance D	irectives	97.6
otal Number of Discharges		With Rashes		4.9	Medications		
(Including Deaths)	40				Receiving Psyc	hoactive Drugs	63.4

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:			
	This	This Proprietary			-99	Ski	lled	Al	1	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	90.0	88.5	1.02	89.0	1.01	90.5	1.00	88.8	1.01	
Current Residents from In-County	61.0	80.0	0.76	81.8	0.75	82.4	0.74	77.4	0.79	
Admissions from In-County, Still Residing	17.6	17.8	0.99	19.0	0.93	20.0	0.88	19.4	0.91	
Admissions/Average Daily Census	75.6	184.7	0.41	161.4	0.47	156.2	0.48	146.5	0.52	
Discharges/Average Daily Census	88.9	188.6	0.47	163.4	0.54	158.4	0.56	148.0	0.60	
Discharges To Private Residence/Average Daily Census	40.0	86.2	0.46	78.6	0.51	72.4	0.55	66.9	0.60	
Residents Receiving Skilled Care	90.2	95.3	0.95	95.5	0.95	94.7	0.95	89.9	1.00	
Residents Aged 65 and Older	92.7	92.4	1.00	93.7	0.99	91.8	1.01	87.9	1.05	
Title 19 (Medicaid) Funded Residents	68.3	62.9	1.09	60.6	1.13	62.7	1.09	66.1	1.03	
Private Pay Funded Residents	31.7	20.3	1.56	26.1	1.21	23.3	1.36	20.6	1.54	
Developmentally Disabled Residents	0.0	0.9	0.00	1.0	0.00	1.1	0.00	6.0	0.00	
Mentally Ill Residents	58.5	31.7	1.85	34.4	1.70	37.3	1.57	33.6	1.74	
General Medical Service Residents	24.4	21.2	1.15	22.5	1.08	20.4	1.19	21.1	1.16	
Impaired ADL (Mean)	44.9	48.6	0.92	48.3	0.93	48.8	0.92	49.4	0.91	
Psychological Problems	63.4	56.4	1.13	60.5	1.05	59.4	1.07	57.7	1.10	
Nursing Care Required (Mean)	6.4	6.7	0.96	6.8	0.94	6.9	0.93	7.4	0.86	